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HAROLD N. MOYER, M.D.
EDITOR
Editorial Office, 103 State St., Chicago

JOSEPH McFARLAND, M.D.
ASSOCIATE EDITOR
Medico-Chirurgical College, Philadelphia

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IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

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The first thing that naturally suggests itself is that the patient must be removed because of the danger at shop and at home, but if he is removed the support of the family is gone. Or if he can no longer work and is then a source of expense to the family, he or they may refuse interference, or, still worse, there may be no place for him to go. Most hospitals close their doors upon the consumptive. Yet because this problem is a difficult one, it becomes a most important one. The first thing that must be done to meet the difficulty will be to find out where such cases are, and for this reason compulsory registration of all cases of this disease is indispensable. Every case as soon as registered should be visited by an inspector and a report of the conditions made. If the report is favorable, no more need be done, but if the case belongs to the class under consideration, then the utmost care should be taken to defend the uninfected members of the family by advice and instruction, and to prevent the premises from becoming a pest focus. In every city there are a number of houses known to be such foci, from which disease spreads.

The administration of public charities is an extremely difficult problem, but I know of none better than that which would have for its fixed purpose the eradication of this universally prevalent disease, and alleviating the financial and domestic distress it occasions.

If you are not familiar with the work that has been done in the city of Lille in France, I advise you to acquaint yourself with the particulars of it. It has not been attended with the success originally hoped for it—just why I do not know—but in principle it cannot be wrong. It includes, first, a public dispensary which indigent persons suffering from tuberculosis are invited to attend free of cost, where the patient finds the best of doctors to make his case a special study, and as an inducement for continued attendance he is not only given medicine free, but when after the visit of an inspector to his home his circumstances are shown to be impecunious, he is provided at public expense with essential foods, such as milk and eggs, either at a very low cost or entirely free; he is also invited to place his soiled clothing and bedding in bags especially supplied for the purpose and collected at fixed times, which are taken to an institution, disinfected, washed, and returned, free of cost. There is no coercion about the system; it is apparently voluntary, but perhaps a certain amount of coercion might be advantageous.

What can be better for the patients under consideration than that they shall have done for them that which they cannot and will not do for themselves? They cannot keep themselves clean—they must be kept so; they cannot afford to disinfect their homes—it must be done for them; they do not know how to protect themselves and their families from danger—they must be advised on these particulars.

Another measure that can only be used in coöperation with those already suggested is the free tuberculosis hospital. Not the expensive sanitarium, but a free hospital open to all who apply, and made so attractive that the ill will desire to go to it. It is not like an almshouse, that if attractive would at once be filled with the shiftless. Malingery in tuberculosis is easily detected, and only those with bacilli in the sputum need be admitted. Forcible isolation or segregation of tuberculous patients has failed, because the patients naturally resist it. But there are innumerable cases of tuberculosis throughout the country that would gladly welcome an opportunity to enter a tuberculosis hospital, and whose admission to one would relieve their families of financial embarrassment as well as the dangers of infection, and so be a boon to all concerned.

In these remarks I may have added nothing to what you already know, but I hope

I have increased your interest in one of the most important personal, domestic, social, municipal, economic, and national problems of the day.

You are health officials. Upon you will devolve many opportunities for aiding or hindering this important work. You do not know when you or those nearest or dearest to you may be the victims of this terrible malady, so that selfish as well as philanthropic motives should combine to make you wage an unending warfare against it.

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NEW CLINICAL PHENOMENA.

BY ALBERT ABRAMS, A.M., M.D., SAN FRANCISCO.

Chromo-Diagnosis.—I have coined this hyphenated word to describe a method of examination which is specially applicable in the early detection of distended cutaneous veins of the abdomen and elsewhere. One may use colored glass, or better still, sheets of gelatin of various colors purchasable from any dealer in magic lanterns. For convenience, the sheets may be mounted in cardboard frames. The patient faces the light, while the observer faces the patient. It will be found by looking through either magenta or red-colored gelatin that the veins are brought into special prominence, and that many veins not evident to the unaided eye can be detected by the colors mentioned. Yellow gelatin will aid in the detection of the diaphragmatic excursions, although to a degree less evident than by painting the skin over the cutaneous area described by the excursions of the diaphragm with an alcoholic solution of gamboge, as the writer has shown elsewhere.[1] Green causes red cutaneous areas to appear black like silhouettes, whereas yellow intensifies the color of erythematous patches. Violet intensifies the most insignificant erythematous area. Blue intensifies brown spots. Violet causes yellow skin lesions to assume a salmon-pink color.

The use of the foregoing colors refers to the effects obtained in daylight. Icteric coloration is not demonstrable by gaslight, but when a violet gelatin sheet is employed, yellow is seen as a dark yellow. Let a patient rest in the recumbent posture with his head nearest to the window, so that the light falls on the exposed chest from behind. The observer stands at the side of the patient, holding in his hand a red gelatin sheet. The latter is held in such a way that the light filtering through the sheet falls on the chest. In a thin subject, especially during forced inspiration and the sheet properly adjusted, the chest presents a skeletal appearance and the intercostal spaces are clearly differentiated from the ribs. In the examination of several cases of pneumo- and hydrothorax, the foregoing differentiation was found to be less pronounced or absent, and for this reason chromo-diagnosis may serve as an aid in the diagnosis of the affections mentioned.

The Lung Phenomenon.—The writer has already shown[2] that the phrenic shadow can be seen in diffuse daylight, without resorting to the conventional inconvenience necessary for its elicitation. He has also shown that the shadow can be exaggerated if the skin over the area described by the excursions of the diaphragm is colored yellow by means of a saturated solution (alcoholic) of gamboge. Since his original publication, he has found that when the patient leans far forward with arms extended the shadow is likewise exaggerated, and that if the patient practices forced inspiration through the mouth, instead of

[1] A contribution to the study of the intercostal phonation phenomenon and the Litten diaphragm phenomenon. *Medical Record*, Aug. 8, 1903.

[2] *Ibid.*

through the nose, the shadow is intensified many times. Cabot, of Boston, has in his text-book[3] given us the best description of the diaphragm phenomenon. When the latter was in this city I demonstrated to him how the shadow could be intensified by directing the patient to take deep inspirations through the mouth in lieu of the nose. He acknowledged the superiority of this method in eliciting the phrenic shadow.

The *lung phenomenon* is a sign accessory to the phrenic shadow, and may be observed after a little practice even when the latter is absent. It took me three months of daily practice before I was able to recognize the phrenic shadow. To detect what I have called the lung phenomenon, the patient is directed to face the window, while the observer faces the patient. The patient is then instructed to practice forced inspiration through the mouth, and as the phrenic shadow descends its lowermost limit is observed to bulge slightly in the intercostal spaces after a brief interval. This interval may be as long as three seconds. The breathing must be suspended after forced inspiration. The bulging is most apparent in the anterior or posterior axillary line, and is caused by the descent of the lung border following the descent of the diaphragm. Like the shadow of the latter, it is best seen in thin persons and in those who can and will take a deep breath. Those desirous of studying this phenomenon would better percuss the position of the lower lung border after deep inspiration, and then watch this situation for the lung phenomenon. Once seen, it is easily recognized.

The Liver Phenomenon.—This acquaints us with the muscular power exerted by the diaphragm and is an *x*-ray phenomenon only. If one watches the descent of the diaphragm while the patient is standing before the rays, he will note that when the tonus of the diaphragm is sufficient the liver will continue to remain in the position caused by respiratory dislocation as long as the patient holds the breath after a forced inspiration. If, on the contrary, the muscle is insufficient, the upper border of the liver is observed to rise at once, notwithstanding respiration is suspended and the degree of ascent is proportionate to the weakness of the diaphragm. This sign may be significant of other conditions, but I can offer no other explanation than the one already given.

The Erector Spinæ Reflex.—The writer has referred elsewhere[4] to the vertebral concussional reflexes. He has more recently discovered a new reflex which may prove of some value to the neurologist and orthopedist. He has not thus far tested this reflex in pathologic cases, and merely wishes to present it in the nature of a preliminary report. For its elicitation, as well as the other concussional reflexes, one must employ a hammer weighing about 6 ounces, and a pleximeter of felt, although an easily manipulated soft-rubber eraser may substitute the latter. The pleximeter must be firmly applied to the spinous processes of the vertebras, and with the hammer a series of sharp, vigorous blows must be struck. If the blow does not induce the expected reflex, it must be repeated with more vigor. With the patient in the knee-elbow posture on a table (clothing removed), or standing on the floor with hands resting on the seat of a chair so that the back is sufficiently arched, a concussion blow over the spinous processes of the lumbar vertebras or the upper part of the sacrum will cause a perceptible elevation of the back. The knee-elbow posture is the better. Looking along either side of the furrow of the back during concussion, one may observe a wave of muscular contraction varying in area and intensity. To the touch contraction of the dorsal musculature is not evident.

[3] Physical Diagnosis, p. 23, 1900.

[4] *American Medicine*, July 16, 1904; and April 22, 1905.

THE CELLULOID CORSET—A CONSIDERATION OF ITS USEFULNESS AND THE TECHNIQUE OF MANUFACTURE.

BY HAROLD W. JONES, M.D., ST. LOUIS, MO.,
Orthopedist to St. John's Hospital.

Among the many materials used in the manufacture of jackets or corsets for Pott's disease, scoliosis, and other disabilities and diseases of the spine, celluloid is perhaps the least used, partly because it is of recent introduction in this country, and partly because its advantages are not fully realized. In Germany the celluloid corset has been in use for a number of years and is well thought of, but in America it is seldom seen, although it has many advantages over other forms of support, and is in addition fairly inexpensive and not at all difficult to make. I have been using it almost exclusively during the last two years, and it has given perfect satisfaction in every way. It has occurred to me that a consideration of the merits of this form of support contrasted with those of others, together with the technique of manufacture, gained from actual experience may be of interest.

The qualities most desired in a jacket are that it shall give sufficient support, be light, easily made, inexpensive, durable, and pleasing to the eye. Some of these qualities are of more importance than others, but all should have consideration in choosing a material.

The celluloid jacket will give sufficient support; if enough celluloid is used and the jacket is made heavy enough, any degree of rigidity can be obtained. A jacket so made is as rigid as either leather, aluminum, or paper—indeed, it is more rigid than most leather jackets. The celluloid corset weighs from a few ounces, when made for small children, up to 1 pound 14 ounces, which is the largest and heaviest jacket I have made. This was for a man weighing 200 pounds. A similar leather jacket weighs from 2½ to 4½ pounds. Either an aluminum or a paper jacket is as light as the celluloid, but the latter is so light that few persons mind the weight.

As to ease of manufacture, a celluloid corset is to my mind much easier to make than any of the others, although a leather one may be made more quickly. In fact, a celluloid jacket can be made, after the form is ready, without removing one's cuffs, which can hardly be said of the others. The actual cost, exclusive of the labor, has been from $5 in the case of very small jackets to $14 or $15 in the case of very large ones. It must be remembered that the latter cost includes binding and finishing with handsome leather trimmings, which may be made to cost from $4 up to almost any price. As compared with leather, the cost of production is in favor of leather, since a good leather jacket for an adult can be made at a cost of from $10 to $15. Aluminum corsets are very expensive, and are out of the running with either celluloid or leather, where cost is an item of importance. Celluloid cannot be called a very expensive material when a jacket can be made for an adult at a cost of less than $15. A celluloid jacket will last from two up to four or five years, or perhaps even longer in some cases. It is impervious to moisture, whereas a leather jacket, be it ever so hard, will finally absorb moisture and soften. Celluloid changes a little by the body heat, but not enough to affect it seriously, and not as much as does leather. Aluminum, of course, possesses all these advantages. It certainly can be considered durable, if it stands the test of wear for two years or more. Celluloid is a handsome material, and when trimmed presents a pleasing appearance, a thing of no very great importance, but worth something.

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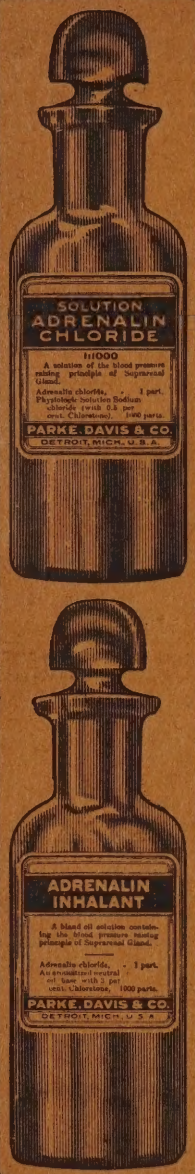
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